



THE STATE OF NEW HAMPSHIRE
BOARD OF PHARMACY
57 Regional Drive
Concord, NH 03301-8518
Tel: (603) 271-2350 Fax: (603) 271-2856
www.state.nh.us/pharmacy/
TDD Access Relay NH: 1-800-735-2964



AMEND-A-PHARMACY PERMIT

Board Use Only

Pharmacy Lic. #: _____

New Permit Issued: _____

Check Received: _____

Pharmacy Name & Address

FEE \$150.

Prior Pharmacist-In-Charge (If Applicable)

License #

Other Pharmacist Currently On Staff

License #

New/Current Pharmacist-In-Charge Of Record

License #

Other Pharmacist Currently On Staff

License #

Type Of Change

(Check One)

☐

PIC Change

☐

Pharmacy Name Change

Licensed Area

☐☐

(Check One)

Licensing Pharmacy Area ONLY

Licensing ENTIRE Retail Area

These changes will be effective on _____.

The pharmacy is open to provide professional services on (provide times for each day):

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

a) To your knowledge, have there been or are there now any pending indictments of any nature or any alleged violations of the law governing the practice of pharmacy, controlled substances, or other regulated drugs, against the corporation, members of the corporation or partnership, or any of the individuals named in this application?

☐ NO

☐ YES (if yes, attach explanation)

b) To your knowledge, have any of the above been convicted of a violation of a local, state or federal drug or pharmacy law?

☐ NO

☐ YES (if yes, attach explanation)

c) To your knowledge, have any of the above been convicted of a felony within the past ten years?

☐ NO

☐ YES (if yes, attach explanation)

PHARMACIST-IN-CHARGE AFFIDAVIT

I do solemnly swear and affirm that the answers and statements made in this application are true and correct to the best of my knowledge and belief, that this pharmacy has the required facilities and equipment and meets the conditions specified by the Board of Pharmacy, a copy of whose laws and rules I have read. I agree to replace promptly any item on the required equipment list which becomes lost, broken, or otherwise unfit for use. I also agree to display my pharmacy permit in a conspicuous place in this pharmacy. I understand that this permit is issued to me, as pharmacist-in-charge, and is not transferable. Upon my termination as pharmacist-in-charge; or upon any change in partnership composition; or upon the acquisition of the existing corp. by any person; or change in controlling interest in the corp.; or should I move, discontinue this pharmacy or if it is damaged by fire or otherwise, this permit issued shall be immediately surrendered to the Board of Pharmacy by me.

I further agree to operate this pharmacy in accordance with all federal, state and local pharmacy drug laws, rules and regulations.

Signature Of (New) Pharmacist-In-Charge

Date